

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMPOSITIONS AND METHODS FOR ACHIEVING IMMUNE SUPPRESSION, the specification of which:

[X] is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/203,801	May 12, 2000	Pending

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
------------------------	--------------------	---------------

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filing Date</u>	<u>Priority Claimed</u>
----------------	------------------------	--------------------	-------------------------

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Lee Crews, Ph.D., Reg. No. 43,567  
John W. Freeman, Esq., Reg. No. 29,066

Timothy A. French, Reg. No. 30,175  
Janis K. Fraser, Ph.D., J.D., Reg. No. 34,819

**Combined Declaration and Power of Attorney**  
Page 2 of 3 Pages

Address all telephone calls to LEE CREWS, PH.D. at telephone number (617) 542-5070.

Address all correspondence to LEE CREWS, PH.D. at:

FISH & RICHARDSON P.C.  
225 Franklin Street  
Boston, MA 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: TERRY B. STROM

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: Brookline, Massachusetts  
Citizenship: \_\_\_\_\_  
Post Office Address: 22 Kennard Road  
Brookline, Massachusetts 02146

Full Name of Inventor: WLODZIMIERZ MASLINSKI

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Post Office Address: Meander 11, Apt. 16  
Warsaw  
POLAND

Full Name of Inventor: XIN XIAO ZHENG

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Post Office Address: \_\_\_\_\_

Full Name of Inventor: YON SU KIM

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Post Office Address: \_\_\_\_\_

0985343 051401  
FILED OCT 19 2001

**Combined Declaration and Power of Attorney**  
Page 3 of 3 Pages

Full Name of Inventor: SYLVIE FERRARI LACRAZ

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address:

Citizenship:

Post Office Address:

20261305.doc

0985343-051401